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FOR INFORMATION

COUNTRY NOTE**

Kenya

SUMMARY

The Executive Director presents the country note for Kenya for a programme of cooperation for the period 1999 to 2003.

THE SITUATION OF CHILDREN AND WOMEN

1. Some 80 per cent of Kenya's population of 29 million are concentrated in one fifth of the country's land area, resulting in pressure on arable land and the consequent rapid growth of urban slum areas. Absolute poverty affects some 46 per cent of the rural and 29 per cent of the urban population. While nearly 17 per cent of the national budget and 20 per cent of external assistance were allocated to basic social services in 1996/97, this has been counteracted by recurrent droughts, high rates of HIV infection, removal of subsidies within structural adjustment policies, and limited awareness of obligations related to the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. Most social indicators continue to show wide geographic and other disparities.

2. Previously declining infant and child mortality rates rose to 61 and 92 per 1,000 live births, respectively, by 1995. They remain significantly higher than average in Western, Nyanza and Coastal provinces. Mortality from vaccine-preventable diseases has been contained by above 80 per cent national immunization coverage, but diarrhoea, respiratory infections, malnutrition and

* E/ICEF/1998/2.

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the rapid spread of malaria and HIV are major contributors to young child deaths and illness. The maternal mortality rate is estimated at about 650 per 100,000 live births. The nutritional status of children under five years old has deteriorated, with 34 per cent estimated to be stunted and 25 per cent under weight in 1995. Malnutrition rates are highest in the eastern, western and coastal regions, which include the more arid lands. Access to safe water has declined from an estimated 48 per cent in 1990 to 45 per cent in 1996. In 1996, access to adequate sanitation ranged from 26 per cent in some rural areas to 44 per cent in slums. Primary school gross enrolment has declined from 95 per cent in 1989 to 76 per cent in 1996. While 35 per cent of children participate in early childhood education, only 44 per cent complete primary school, and education participation in arid and slum areas is low, especially among girls. A 1997 survey identified over 109,000 children in need of special protection in 13 districts, in addition to an estimated 500,000 children nationally, including roughly 300,000 children living or working on the streets, neglected, lacking protection or engaged in hazardous labour. It is thought that about 300,000 Kenyan children have already lost one or both parents due to AIDS.

3. This general decline in the welfare of children and women is aggravated by recent drought emergencies to which UNICEF and other agencies responded. The Government's policy response to these trends has included updating the Master Plan for Water and the National Health Reform initiated in 1994 to improve efficiency through decentralization. Responses to the growing problems of the education system, taking place under a 10-year national Master Plan, include facilitating alternative opportunities for out-of-school youth. The 1997 policy statement on AIDS will reinforce Government efforts to invest in preventive measures, including priority treatment of sexually transmitted diseases. The Children's Bill, incorporating key provisions of the Convention on the Rights of the Child into domestic law, is expected to take effect in 1998.

LESSONS LEARNED FROM PAST COOPERATION

4. The 1996 mid-term review (MTR) of the 1994-1998 programme of cooperation rationalized the programme structure into seven main components, including emergency; initiated a move towards less vertical implementation; and gave a stronger emphasis to participation and capacity-building among local organizations involved in basic services delivery. It established a more selective approach to partnerships with non-governmental organizations (NGOs) and stronger collaboration with other donors. A number of promising approaches are being applied, including the use of the regional "Sara Initiative" materials for communication on HIV/AIDS and girls' education, and participatory approaches in non-formal education and urban sanitation. Child-focused advocacy and support to community-level social mobilization are comparative strengths. There has been improved accountability since the 1994 audit through strengthening of internal financial procedures and management skills. Overall, experience in the current programme period indicates that a broad-based strategy, incorporating advocacy and support to capacity-building and policy development, is likely to be more feasible and to have a more sustained impact than one emphasizing service delivery alone.

5. Programme sector evaluations include the Comprehensive Education Sector Analysis which highlighted the proliferation of urban children out of school and the potential role of non-formal approaches. Adjustments to the strategy of the Bamako Initiative were suggested, and the need for further attention to sustainability and monitoring of impact were also derived from evaluations of drought relief activities and the refugee water programme supported jointly by UNICEF and the Office of the United Nations High Commissioner for Refugees.

PROPOSED COUNTRY PROGRAMME STRATEGY

6. The 1999-2003 country programme strategy builds on the efficiency gains realized by the MTR restructuring. It was formulated on the basis of a new situation analysis of children and women in Kenya, which identified priority areas of concerns, and a strategy meeting which involved the Government, UNICEF and representatives of United Nations agencies, NGOs and donor agencies. A preview meeting in February 1998 will discuss the proposed programme and its relation to the Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF).

7. While maintaining a commitment to the World Summit for Children goals and to the national programme of action, the programme represents a shift of emphasis to a more rights-oriented approach and a reduction of disparities. Its objectives are to: (a) improve access to basic services in slums and informal settlements; (b) reduce major disparities between the genders and in service access between nomadic and non-nomadic areas; (c) support the Government in establishing and implementing effective policies in key areas of social development to improve access and equity; (d) achieve greater sustainability in programme processes by strengthening community capacity and participation; (e) increase awareness of the rights of children and women; and (f) support research on cultural practices that affect the fulfilment of rights.

8. The country programme strategy will emphasize reducing disparities in access to basic services, including protection, and ensuring a favourable policy environment for children and women. It will focus on: capacity-building and empowerment through promoting the effective participation of beneficiaries in service provision and decision-making; advocacy to promote action on key policy issues, bring about behavioural change through programme communication, and broaden alliances and responsibilities for the achievement of rights; and service delivery, adopting a more integrated, child-focused approach to planning. A geographic focus will be adopted, taking into account the disparities indicated by the situation analysis and the principles of universality and non-discrimination as embodied in the two Conventions, directing services to disadvantaged areas.

9. The objectives will be pursued through a programme structure comprising six components as detailed below. The response to emergencies, including drought, will be funded through an emergency component, as needs arise.

10. The two cross-sectoral programmes, social development planning, monitoring and evaluation and programme communication and participation, will provide support to all programme areas through advocacy and empowerment. The first programme will support child-focused policy development and monitoring systems in gender, child rights, urban services and legal reform in the context of the two Conventions, as well as emergency preparedness planning. The second programme aims to increase awareness of rights through the development of information, education and communication materials on both Conventions; support youth-oriented communication on HIV/AIDS; and provide networking services and capacity-building for NGOs, assisting them to raise awareness of participation rights.

11. The basic education, child protection and development component will reduce disparities by supporting children in need of special protection, early childhood development (ECD) and basic education. The strategies to be pursued by the programme will include the promotion of community participation in school management and child protection activities, parental education for ECD, alternative and complementary learning opportunities, and legal and social frameworks for improved protection of working, homeless and abused children.

The health and nutrition programme aims to improve access by supporting community nutrition and care, the control of micronutrient deficiencies, safe motherhood and reproductive health, and to focus on the expanded programme on immunization and the control of diarrhoeal diseases, malaria and acute respiratory infections through the district health system. It will emphasize service delivery and capacity-building, providing continued support to the health policy reform through strengthening of district health systems and the integrated management of childhood illnesses, with an emphasis on improving the quality of services and care. Improved nutrition and child care will be promoted under the Bamako Initiative through participatory methods. The water and sanitation component will support service access, hygiene and community environmental care, and policy development. It will focus on increasing service access in deprived areas, including slums and arid lands; the development of policies and monitoring systems, including for environmental sanitation; and communication for improved hygiene practices through schools and other channels. Resource mobilization and programme support will provide for external relations, fund-raising and operational support. Fund-raising efforts will aim to build on the recovery of confidence among donor partners that was evident following the MTR through briefings on implementation and donor participation in field visits. A major private sector fund-raising initiative has been introduced as a means of enhancing efforts to mobilize local resources for Kenyan children. The emergency component will provide the programme with rapid response capacity.

12. Collaboration with the Government will be maintained through sectoral ministries at the national level, and district and local committees at the subnational level. The programme coordination and review function will be the responsibility of the Ministry of Planning. Partnerships with United Nations agencies will be pursued within UNDAF, expected to be completed in Kenya during 1998, and in specific areas such as policies affecting children's welfare, with the World Bank; child labour, with the International Labour Organisation; and the control of HIV/AIDS, with the Joint United Nations Programme on HIV/AIDS. The CCA will be supported by periodic updates of the situation of children and women. Partnerships with NGOs will be based on an analysis of management capacity, accountability and presence at the community level. Within UNICEF, a team management approach will be introduced, with team member responsibilities reflected in work plans and individual performance evaluations.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1999-2003 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Social development planning, monitoring and evaluation	3 012	1 400	4 412
Programme communication and participation	2 910	1 400	4 310
Basic education, child protection and development	3 130	3 500	6 630
Health and nutrition	3 130	4 900	8 030
Water and sanitation	2 434	2 700	5 134
Resource mobilization and programme support	2 169	1 100	3 269
Total	16 785	15 000	31 785

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

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COUNTRY NOTE**

Benin

SUMMARY

The Executive Director presents the country note for Benin for a programme of cooperation for the period 1999-2003.

THE SITUATION OF CHILDREN AND WOMEN

1. Benin, classified as one of the least developed countries, has a population of approximately 5.7 million and a population growth rate of 3.3 per cent. The per capital gross national product has been increasing since 1994 and reached $370 in 1995. More than a third of the population lives below the poverty line. Benin, which since 1990 has an ongoing democratization process, has ratified the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, but has not yet set up a monitoring mechanism for these two Conventions. A family code has been presented to the National Assembly.

2. Guaranteeing the Beninese child's right to survival continues to be a fundamental problem. The Bamako Initiative and the expanded programme on

* E/ICEF/1998/2.

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immunization have been extended to the national level, and there has been a steady reduction in the infant mortality rate (IMR) to 94 per 1,000 live births and in the under-five mortality rate (U5MR) to 167 per 1,000 live births (according to the population and health survey of 1996). Mortality however, especially between the ages of one and eleven months, is kept high by deaths from malaria, diarrhoeal diseases, acute respiratory infections and malnutrition, which affects 75 per cent of all children. Development is hindered by a high overall rate of malnutrition (29 per cent) and by seasonal and regional food insecurity. Only 56 per cent of households have access to drinking water. Sanitation is almost non-existent because of the lack of preventive and protective measures.

3. Although 82 per cent of pregnant women have access to prenatal care, the maternal mortality rate (MMR) of 990 per 100,000 live births has not declined significantly. This is because of the poor quality of care and the unavailability of a proper referral system. Premature sexual relations, early marriages and early pregnancies increase the risks of maternal mortality. The percentage of sexually transmitted diseases and the HIV sero positive rate are increasing.

4. The gross school enrolment rate is 69 per cent, with wide disparities between the sexes (boys: 85 per cent; girls: 52 per cent) and regions (Borgou: 41 per cent; Atlantique: 95 per cent). The standard of education and the drop-out rate are sources of concern. The overall illiteracy rate of 63 per cent (74 per cent for women) is high.

5. The right of children to protection is still not assured because of the poverty that forces nearly half of all children between the ages of 10 and 14 to work. As a result of the breakdown of the traditional solidarity system, more than 100,000 children, 80 per cent of whom are girls, are placed in the homes of third parties who exploit them as unpaid labour. UNICEF, along with non-governmental organizations, has set out to raise the awareness of the authorities concerning the economic exploitation of these children (called vidomègon) and its impact on their future.

LESSONS LEARNED FROM PAST COOPERATION

6. The mid-term review noted that 85 per cent of the population had access to health services within a 5 kilometre radius, and that the immunization coverage was more than 80 per cent, but that the remedial-care utilization rate remained low (34 per cent). It recommended developing and reinforcing: at community level, health education and equal access to basic health care; at commune level, the integrated treatment of childhood illness (malaria, acute respiratory infections, diarrhoeal diseases, malnutrition); at sub-prefecture level, emergency obstetrical care and the improvement of the referral system between the three levels. These recommendations, along with that for a more integrated approach to community development, as in the education and community project, formed the basis of a second phase of the Bamako Initiative. The behaviour patterns of the development agencies and communities need to be changed to ensure the expansion and sustainability of these actions. The campaign against dracunculiasis, which has made significant progress, will be continued. Access

to drinking water and the improvement of sanitation facilities will be made a priority in the most deprived communities. UNICEF should continue its efforts to support and follow-up the implementation of the two Conventions and develop a subregional strategy to combat child trafficking between countries.

7. The implementation of the national community development policy, supported by donors within the framework of the 20/20 initiative and the national essential services strategy (according to which all communities have the right to health, water, education and food security), will help to promote the rights to survival, development, protection and participation. The Government's Independance des vaccins initiative should be encouraged.

8. The mid-term objectives assessment showed that a large number of intermediate objectives had been attained, but it is necessary to strengthen the national monitoring, evaluation and financial management capacity in order to achieve all the objectives set by the World Summit for Children. A cost-benefit analysis of the strategies developed will be undertaken.

PROPOSED COUNTRY PROGRAMME STRATEGY

9. This country note, coordinated by the Ministry for Planning, was prepared in cooperation with national organizations, United Nations agencies in Benin and the other development partners. The new programming framework aims to reduce the gap between the needs of individuals, families and communities, and the services provided by the State and the various service agencies. First of all, this involves optimizing the social policies and the supply of services in the spirit of the two Conventions and in compliance with the national strategy note adopted in January 1997 by the Council of Ministers. At the same time, community capacity-building is necessary for improved development organization and better access to basic services as part of the ongoing decentralization process.

10. This programme should help to achieve the governmental objectives of reducing the U5MR by 25 per cent (from 167 to 125 per 1,000 live births), the IMR by 20 per cent (from 94 to 75 per 1,000 live births), the MMR by 25 per cent and the weighted malnutrition index (from 29 to 20 per cent), increasing the gross school enrolment rate to 78 per cent and strengthening the protection of children in need of special protection, such as the vidomègon.

11. The main components of the programme strategy will be: (a) advocacy of the dissemination of information on, and the exercise of, the rights of the child and women; (b) national, regional and community capacity-building in the areas of management, monitoring and evaluation, emphasizing equitable cost-sharing and the empowerment of women in community development; (c) support for the delivery of services undergirding the efforts of countries and partners in harmony with national priorities and targeting the most deprived; (d) development of intersectoral cooperation, as well as cooperation with the other partners, in particular the United Nations system. These strategies emphasize the role of the individual, the family and the community in developing new approaches and know-how. They will provide communities, and in particular women's groups, with improved access to services.

12. The country programme will be made up of five programmes. The community development programme is designed to increase awareness of the rights of women and children and enhance the commitment to the exercise of these rights in 300 villages or urban neighbourhoods in five action zones. The selection of these zones will be based on the existence of projects supported by UNICEF or the United Nations system, the weakness of social indices and inadequacy of basic services. The programme will develop, in cooperation with non-governmental organizations and other partners, joint activities in health, water/sanitation, education and the promotion of women (decision-making, control of income from revenue-generating activities, community management).

13. The aims of the health development support programme are to strengthen the development and implementation of national policies in health, nutrition and water/sanitation, and to reduce infant and juvenile mortality, as well as maternal mortality. The programme will expand immunization coverage and treatment of diarrhoeal diseases and acute respiratory infections among children, as well as embarking upon new strategies in malaria control (impregnated mosquito nets). It will revitalize five district hospitals to provide emergency obstetrical care and the corresponding referral system, follow-up on eradication of dracunculiasis, raise the awareness of and educate at least 80 per cent of adolescents in the areas covered about reproductive health, and step up the campaign against malnutrition.

14. The social development support programme is designed to reduce, as part of the national education policy the disparity of at least 10 per cent between the school enrolment rates of boys and girls, and support the national policy for children in need of special measures and protection. The programme will develop activities for the national network of committees to increase school enrolment of girls and promote the training of literacy instructors and primary school teachers. It will continue its activities on behalf of the vidomègon.

15. The cross-sectoral advocacy and communication programme is designed to develop attitudes among individuals (men, women and children), families and communities which are conducive to observance of the rights of the child and women. These activities will focus on communication training to change attitudes, advocacy for better allocation and implementation of the national budget for the benefit of the lowest social strata and harmonization of administrative texts and the law with the provisions of the two Conventions.

16. The monitoring and evaluation programme, which is also cross-sectoral, has as its objectives the capacity-building of the various actors involved in the monitoring and evaluation of community development, the compilation of the necessary information for the advocacy and monitoring of the implementation of the two Conventions, and the assessment of the effectiveness and efficiency of programme activities. The programme will focus on the analysis of the community development's replicability and sustainability, the extent to which the objectives of the World Summit for Children included in the national programme of action have been achieved, evaluating the implementation of the 20/20 initiative, and training in monitoring and evaluation techniques from the community to the national level.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1999-2003[a]

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Community development	2 100	5 500	7 600
Health development support	1 300	3 800	5 100
Social development support	600	1 950	2 550
Advocacy and communication	250	650	900
Monitoring and evaluation	750	600	1 350
Total	5 000	12 500	17 500

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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COUNTRY NOTE**

Equatorial Guinea

SUMMARY

The Executive Director presents the country note for Equatorial Guinea for a programme of cooperation for the period 1999-2003.

THE SITUATION OF CHILDREN AND WOMEN

1. Situated in the Gulf of Guinea, Equatorial Guinea is a small Spanish-speaking country consisting of a mainland enclave and five islands. This geographic situation and the country's weak infrastructure cause considerable communication and logistic problems. The 400,000 inhabitants have an annual population growth rate of 4 per cent (1980-1996). Following independence in 1968, the country was subjected to an 11-year violent period marked by economic and social decline, which drained it of its scarce human resources. The subsequent Government has restored order and adopted economic and social development policies. But problems of governance, heavy external debt, economic stagnation and soaring inflation have contributed to increasing poverty. The gross national product is $380 per capita (1995), and there are large disparities in income distribution. The recent discovery and exploitation of petroleum in the country will bring increased income, but it is as yet unclear how much revenue will accrue to the Government as a result.

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* E/ICEF/1998/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1998.

2. Survival indicators best illustrate Equatorial Guinea's situation. The infant mortality rate (IMR) decreased from 143 per 1,000 live births in 1980 to 113 in 1995 and the under-five mortality rate (U5MR) from 243 to 175 per 1,000 children in the same period. Immunization coverage is approximately 81 per cent for the vaccines of the expanded programme on immunization. The leading causes of infant and child mortality are malaria, anaemia, diarrhoea and acute respiratory infections (ARI). The maternal mortality rate (MMR) is 820 per 100,000 live births according to UNICEF/World Health Organization (WHO) estimates, although the government estimate is 350. The major causes of maternal mortality are complications related to childbirth (toxaemia, haemorrhage, infections) and abortions. About 60 per cent of deliveries take place at home. These problems are exacerbated by the country's inefficient health care system. Within one year (1994-1995), the number of registered AIDS cases tripled (from 59 to 157).

3. National statistics show that access to potable water increased from 20 per cent in 1993 to 33 per cent in 1996 (53 per cent in urban areas and 20 per cent in rural areas). Sanitation coverage is about 28 per cent (50 per cent urban/13 per cent rural), and is lower in the mainland (17 per cent) than on Bioko Island (61 per cent). One third of children aged 3-6 years are at pre-school. Primary school net enrolment rates are relatively high, at about 86 per cent for boys and 75 per cent for girls, according to the Government. However, the quality of education is poor. There are problems of late entry, shortages of teachers and educational materials, crowded classrooms and high drop-out rates. Only 9 per cent of girls in school complete grade 5 because of heavy domestic chores, early marriage and pregnancy. Estimates of female illiteracy vary from 32 per cent according to United Nations sources, to 60 per cent according to the Government. This situation also underlines the need for improved social statistics.

4. Equatorial Guinea ratified the Convention on the Elimination of All Forms of Discrimination against Women in 1984 and the Convention on the Rights of the Child in 1992. The national plan of action concentrates on service delivery to achieve child survival goals. Other problems affecting children and women include economic and social exploitation and physical violence. Participation is affected by socio-cultural practices. Women have little access to resources and power. Barely one third of civil servants are women, occupying mostly subordinate positions.

LESSONS LEARNED FROM PAST COOPERATION

5. The mid-term review held in June 1996 underlined a number of lessons learned. The country programme has made considerable achievements, especially in the areas of child health and pre-school education. However, the programme should continue strengthening government and local capacities beyond service delivery to reinforce sustainability. Activities should be complemented by social mobilization to increase community and individual awareness of problems and introduce behavioural changes. The review stressed that even within the same area (i.e., health), the different projects were primarily vertical. The convergence of projects and activities will create greater impact. The review also underlined the need for enhanced national and local capacities, especially with regard to programme planning, implementation, monitoring and evaluation, in the context of institutional reforms to consolidate decentralization efforts.

6. Overall, there is a need for better coordination between United Nations agencies and bilateral partners in order to avoid duplication of efforts and to develop common approaches. The promotion of a Common Country Assessment (CCA)

and a United Nations Development Assistance Framework may be an opportunity. Cost-effective mechanisms to improve social statistics will also give possibilities to converge efforts, as well as provide a common basis for advocacy and social policy planning.

7. The involvement of beneficiaries and non-governmental organizations (NGOs) should be strengthened and expanded, based on the programme's success to date. Notwithstanding poverty, communities were able to contribute about one fifth of the cost of construction of pre-school centers, latrines and wells, and to enhance the provision of some basic health services by traditional birth attendants. The communities also contributed to the cost recovery of 80 per cent and 70 per cent respectively for essential drugs and impregnated mosquito nets.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The proposed country programme is being prepared in close collaboration with the Government, United Nations agencies and other donors in a joint effort to ensure that the special needs of children and women are given priority in planning and implementation of socio-economic policies. The programme is therefore situated within the framework of the two Conventions and the Government's Medium-Term Development Strategy (1997-2001), which gives priority to social sectors that can improve the well-being of children and women in the immediate future. The First National Forum on the Rights of the Child and the Children's Parliament both gave children an opportunity to express their views and facilitated the mobilization of political will in favour of priority social sectors.

9. The goal of the country programme is to contribute to the realization of children and women's rights to survival, development, protection and participation. The objectives are to contribute to the following national social development objectives: (a) reduce IMR and U5MR to 85 and 140 per 1,000 live births, respectively; (b) reduce MMR by 20 per cent; (c) increase the female literacy rate by 10 per cent; (d) reduce disparities in coverage of potable water and sanitation between the mainland (Rio Muni) and Bioko Island by 20 per cent; and (e) establish an effective social information system to monitor social development indicators.

10. The main strategic thrusts will be the strengthening of national and local capacities in programme planning, implementation, monitoring and evaluation; empowerment of the communities and civil society to make their participation in development more effective; targeted service delivery to reach the neediest children and women with the aim of reducing disparities and poverty; and enhanced advocacy and social mobilization buttressed by reliable social statistics to promote social policies. With the United Nations Development Programme and other partners, UNICEF will support the Government in the decentralization process.

11. The country programme will consist of three programmes. The primary health care (PHC) programme will aim to reduce maternal and child mortality due to malaria, diarrhoea, anaemia and ARI, through the strategy of the Bamako Initiative. In collaboration with WHO and the United Nations Population Fund, UNICEF will assist the Government to implement the strategy of integrated management of childhood illnesses and improve the minimum health care package, including support for an efficient referral system, especially for obstetrical emergencies. The supply of impregnated mosquito nets and health education are the main strategies for malaria control. UNICEF will strengthen community

participation in these efforts, train health staff and strengthen social mobilization and health education for disease prevention. The health information system will be integrated in each of the PHC components.

12. The community development programme will address pre-school and primary education, potable water and basic sanitation. UNICEF will continue to support delivery of pre-school education services nationally, in collaboration with communities and NGOs. UNICEF will assist the Government to reduce primary school drop-out rates (especially of girls), minimize disparities in enrolment between girls and boys, train teachers, develop curricula and provide educational materials to improve the quality of education. The programme will continue to support the creation of water points and facilities for excreta disposal in rural areas. Training, transfer of technology and hygiene education for the population will be strengthened by using the existing network of parent-student associations, local development committees and water point management committees. Cooperation with local NGOs in these areas will be strengthened.

13. Through the advocacy and social statistics programme, UNICEF will advocate with the executive, justice and legislative branches of Government for the adaptation of national laws to the two Conventions, and to ensure that priority is given to the needs of children and women. Support will also be given to the National Committee on the Rights of the Child for monitoring of and reporting on the implementation of the Convention on the Rights of the Child. Nationwide social mobilization with effective new communication media (e.g., radio and television), national forums and seminars will be strengthened in order to create public awareness about health-related issues and about the two Conventions to introduce behavioural changes. The programme will also support the development and strengthening of national capacities for collecting, analyzing and disseminating social statistics, as well as for monitoring and evaluation. UNICEF will cooperate with other United Nations agencies to develop a CCA and probably formulate a United Nations Development Assistance Framework, under the leadership of the resident coordinator.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1999-2003 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Primary health care	1 160	1 500	2 660
Community development	1 380	2 000	3 380
Advocacy and social statistics	785	250	1 035
Total	3 325	3 750	7 075

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

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COUNTRY NOTE**

The Gambia

SUMMARY

The Executive Director presents the country note for the Gambia for a programme of cooperation for the period 1999 to 2003.

THE SITUATION OF CHILDREN AND WOMEN

1. The Gambia is a densely populated riverine country (105 persons per square kilometer) whose population of some 1.1 million grows at 3.6 per cent per annum. Economic growth has been slower and the country is one of the least developed, with a per capita gross national product of $320 (1995). At least one third of the population is poor. Rapid urbanization contributes to increasing unemployment.

2. During the two-year transition period from military to civilian rule (1995-1997), external assistance from donor countries declined. Both the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women have been ratified by the Government. Recent national policies and programmes, including the Government's poverty alleviation and decentralization programmes, are expected to have a positive impact on the situation of children and women.

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* E/ICEF/1998/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1998.

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3. Progress towards the mid-decade goals has been mixed. The under-five mortality rate (U5MR) decreased from 140 per 1,000 live births in 1990 to 107 in 1996. The infant mortality rate (IMR), during the same period, declined from 95 to 78 per 1,000 live births. Morbidity and mortality related to vaccine-preventable diseases have declined due to coverage at over 90 per cent, except for measles. Malaria, acute respiratory infections (ARI), diarrhoea, malnutrition and neonatal problems are now the main immediate causes of child morbidity and mortality. Inadequate access to quality health service delivery and safe water and sanitation facilities, compounded by ineffective community-based prevention of diseases, are the main underlying causes. Access to safe water supply and pit latrines was estimated by the Government in 1993 at 50 per cent (39 per cent in rural areas) and 57 per cent (3 per cent in rural areas), respectively. As of 1996, about 2 per cent of the population was infected with HIV. The maternal mortality rate (MMR) (1,100 per 100,000 live births) is attributable mainly to haemorrhagia and infections. The underlying causes are poor access to quality services and lack of information, as well as cultural and traditional beliefs. The Medical Research Council, based in Banjul, has been undertaking research on vaccines and malaria, especially the use of impregnated bednets, which could potentially have implications both for the Gambia and globally.

4. Government statistics show a gradual increase in the primary net enrolment rate from 49 per cent (42 per cent for girls) in 1993-1994 to 54 per cent (47 per cent for girls) in 1995-1996, but with 34 per cent in rural areas. The high cost of formal basic education to families, in addition to cultural practices, limit enrolment and retention, especially of girls. About 20 per cent of school-age children attend Koranic schools that are not part of the formal education system. Only one out of every four women is literate.

5. Although there has been progress on some survival problems, the key concerns on children include: inequitable access to basic services; geographic and gender disparities, e.g., a 25 per cent gap between urban and rural areas for safe water supply, higher U5MR and MMR in the rural areas and a 13 per cent gender gap in school enrolment. Over two thirds of Gambian women and girls have undergone female genital mutilation (FGM). Increasing numbers of girls on the street and working children require special protection. Periodic outbreaks of cholera and meningitis and increasing numbers of refugees require emergency preparedness.

LESSONS LEARNED FROM PAST COOPERATION

6. The Bamako Initiative helped to improve primary health care (PHC), but co-management and co-financing, training of health personnel and women's participation should be strengthened. Promoting basic education helped to increase primary enrolment and narrow the gender gap, but retention and quality remain major challenges. Sectoral programmes should be better integrated through decentralized government structures. Programme and project objectives were too ambitious and should be more realistic and better tailored to the availability of resources. Mechanisms for monitoring of social statistics and progress of interventions, including the promotions of child rights, should be strengthened. The Government's role in coordinating overall development assistance, including the different sectoral interventions of the Government and the UNICEF country programme, needs to be strengthened to improve complementarity, convergence and synergism. Improvement of the national

programme of action (NPA), including the fine-tuning of strategies and costing of interventions, will be the basis to improve effectiveness and reduce costs in basic social services.

7. A multiple indicator cluster survey conducted in 1996 demonstrated that: (a) efforts for building a single, common national data base must be strengthened; and (b) geographic and gender disparities remain.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The proposed country programme is being prepared jointly by the Government and UNICEF, as well as other partners, within the framework of the two Conventions. It will also contribute to and benefit from the Common Country Assessment and the country strategy note, which are under preparation. The overall goal of the programme is to contribute to the survival, development, protection and participation of Gambian children and women. The main objectives are to contribute, by the year 2003, to the government goals of: (a) reducing IMR and U5MR to 50 and 80 per 1,000 live births, respectively; (b) reducing MMR by 20 per cent; (c) reducing by half moderate and severe malnutrition rates in children under five years of age; (d) reducing female illiteracy rates by 10 per cent; (e) increasing primary school enrolment to 75 per cent; (f) reducing access gaps in safe water and environmental sanitation by 50 per cent and 30 per cent, respectively; and (g) improving protection of children in need of special protection measures.

9. The programme will use four key strategies. Service delivery will continue to be used in areas where there are gender or geographical gaps (e.g., access to health services or girls' education in certain divisions) and will favour the most vulnerable groups. Advocacy at national level will continue to focus on the promotion of child- and women-centred policies. Capacity-building will strengthen community participation and aim to reinforce the Government's decentralization process, as well as to ensure community ownership and sustainability of interventions. Empowerment of women will also be pursued (i.e., through literacy training).

10. The country programme objectives will be pursued through four programmes. The health and nutrition programme will focus on the revitalization of the PHC system, using the Bamako Initiative approach. Emphasis will be put on community co-management and co-financing of decentralized basic health services. The minimum package of activities will be strengthened so that it includes, in addition to immunization and essential drugs, control of malaria (through consolidation of the use of impregnated bednets, treatment and surveillance), ARI and diarrhoeal diseases, to reduce mortality caused by these diseases and by measles. The programme will also aim at strengthening of the referral systems for emergency obstetrical care to reduce maternal deaths, prevention of sexually transmitted diseases through better case management, and the equitable provision of health services which are sensitive to gender and youth (i.e, addressing FGM and HIV/AIDS prevention through social mobilization). Support will be provided to village health committees, including women, in monitoring the quality of services. Nutritional surveillance will be reinforced in order to improve community response to problems of malnutrition.

11. The basic education programme will address gender disparity by focusing on increasing girls' primary net enrolment, and enhance the quality and relevance of education through work with parent-teacher associations, communities, local governments and non-governmental organizations (NGOs). UNICEF will continue

helping the Government in developing gender-sensitive learning materials. Support will be provided for improving the technical skills of teachers and early childhood and literacy facilitators. In addition, capacity-building of educational personnel will be pursued through training, reinforcement of guidance and counselling services and curriculum reviews. Efforts will continue to integrate disabled children in mainstream schools. Functional literacy will be used as an element to empower women and improve child care. The programme will support government efforts to provide vocational and life skills training to at least 3,000 school drop-outs and children in need of special protection during each year of the programme. The programme will also support integration of Koranic schools (madrassas) into the mainstream educational system.

12. The water and environmental sanitation programme will aim to increase access to safe water and sanitation. The programme will provide materials for setting up of safe water and sanitation facilities in selected divisions. Primary schools will be used as entry points for programme interventions. Campaigns will be undertaken to increase public awareness of hygiene and primary environmental care through social mobilization and communication. These campaigns will also help to increase community awareness and promote behavioural change for sustainable development and environmental preservation. Networking among NGOs, donors and the Government will be strengthened.

13. Advocacy, social policy and programme development will focus on increasing awareness of the two Conventions; improving community information, education, skills, participation and monitoring of child survival, protection (including street children) and development activities; reinforcing social planning and programming capacity at central and divisional levels; and supporting the Government and NGOs in emergency preparedness. Government and community capacities for programme formulation and implementation will be strengthened. The NPA will be revised in the light of the current socio-economic environment.

14. The Government will have overall responsibility for implementation, coordination and supervision of the country programme. Cooperation with bilateral and multilateral donors, United Nations agencies and NGOs will be strengthened. An integrated monitoring and evaluation plan will be developed as part of the country programme management plan.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1999-2003 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health and nutrition	1 350	2 200	3 550
Basic education	940	1 000	1 940
Water and environmental sanitation	1 255	1 550	2 805
Advocacy, social policy and programme development	205	250	455
Total	3 750	5 000	8 750

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

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COUNTRY NOTE**

Mauritania

SUMMARY

The Executive Director presents the country note for Mauritania for a programme of cooperation for the period 1999 to 2003.

THE SITUATION OF CHILDREN AND WOMEN

1. Mauritania, a country situated in the Sahel-Saharan region with around 2.3 million inhabitants, suffers from chronic poverty, drought, desertification and migration from rural areas. The nomadic population has decreased from 75 per cent of the total population in 1965 to less than 10 per cent today, bringing the urban population to more than 50 per cent in 1996. The country faces serious challenges in terms of adapting basic infrastructures and changing habits. With a per capita gross national product of $460 (1995) and a considerable level of indebtedness, Mauritania belongs to the group of least developed countries. More than half of the population is living below the poverty level. Economic growth has resumed but population growth remains high.

* E/ICEF/1998/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1998.

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2. Nearly 80 per cent of the population now has access to primary health care thanks to the spread of the Bamako Initiative strategy. Since 1995, national vaccination days have allowed more than 90 per cent of the children under five to be vaccinated every year against poliomyelitis and measles. The number of cases of dracunculiasis decreased from 5,667 in 1993 to 562 in 1996. Considerable efforts, however, still need to be made. The under-five mortality rate (U5MR), while declining, is still high, going from 213 per 1,000 live births in 1990 to 183 in 1996. The infant mortality rate (IMR) of 124 per 1,000 live births has not changed since 1990 according to UNICEF, although government estimates show a decrease. The main causes of infant mortality are malaria, acute respiratory infections (ARI), diarrhoeal diseases and malnutrition. The maternal mortality rate (MMR) is estimated at 930 per 100,000 live births. Nutritional surveys revealed an overall malnutrition rate of nearly one quarter of all children under 5. While the supply of water has improved, its availability and quality remain inadequate. Its very high cost in peri-urban areas limits access. There are persistent challenges in the areas of hygiene and sanitation, girls' and women's health and environmental protection.

3. Mauritania has recently placed the emphasis on improving the population's access to information, inter alia, by strengthening the national telecommunications network and radio and television coverage. With UNICEF support, three regional radio stations have been created. Serious efforts have been made to reduce illiteracy, which still affects two thirds of the adult population (74 per cent of women). These efforts are combined with efforts to provide equipment and infrastructure and are aimed at improving the population's living conditions and changing its behaviour patterns. Great hopes are placed on the rapid growth of the gross school rate enrolment, which, according to national surveys, increased from 45 per cent in 1990 to 87 per cent in 1996 (with a disparity between boys and girls of less than 10 per cent). The main challenges now are to improve the quality of education, decrease the drop-out rate and reduce disparities.

4. Mauritania has ratified the Convention on the Rights of the Child but it has not yet ratified the Convention on the Elimination of All Forms of Discrimination against Women. Women and young people are key partners in development in Mauritania, but the exercise of their rights often remains difficult. The Government strongly encourages their being trained within associations or cooperative groups and also favours access to microcredit for women.

5. Mauritanian society continues to be marked by economic and social disparities resulting, inter alia, from traditional hierarchies. At the same time, the rapid changes in society have at times led to the emergence of new social problems linked to the deterioration of the traditional mechanisms of protection and of family and tribal solidarity. Recent studies and programmes have provided a better understanding of, and response to, phenomena which are often new, such as street children, children in trouble with the law and the exploitation of certain categories of children.

LESSONS LEARNED FROM PAST COOPERATION

6. The mid-term review of the 1994-1998 programme emphasized that many objectives had been reached in the area of health (in particular, the widespread revitalization of the health services), but recommended that more attention should at the same time be paid to other fundamental survival factors, such as access to good drinking water; the promotion and utilization of basic hygiene and sanitation infrastructures; the improvement of women's health and the campaign against maternal mortality, and the improvement of the nutritional status of the most vulnerable groups. The review recommended that the education programme should be strengthened, particular attention being paid to the school enrolment of girls and to pre-school children, and that the social mobilization and communication programme should be directed more towards changing behaviour patterns and analysing the situation with regard to local community participation.

7. The mid-term review emphasized the success of the Bamako Initiative and its community participation and cost recovery components and recommended that the Initiative should, whenever possible, be used as a guide in other sectoral programmes. It also proposed strengthening action research, such as that carried out in pilot projects (water supply in peri-urban areas and revenue-generating activities for women in rural areas) and advocacy to document and facilitate the expansion of successful experiments. The review regretted the inadequate attention given to national capacity-building in outlying areas, which is a factor in sustainability. In short, the review found that the programme approach was too sectoral and suggested that programmes should be better integrated.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The new programming framework was prepared on the basis of (a) Mauritania's new policies (inter alia, by emphasizing the new priorities arising from the sectoral investment programmes in health and education); (b) the Convention on the Rights of the Child; (c) the country strategy note; and (d) the pursuit of greater complementarity between UNICEF and the other partners.

9. The programme aims to improve the living conditions of children and women in Mauritania. It will promote the exercise of the rights of children and women as defined in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The programme is designed to monitor and assess progress made at the national level in securing these rights in the key areas of survival, development and protection. The programme will contribute to the national goals of (a) reducing IMR by 20 per cent; (b) reducing U5MR by at least 25 per cent; (c) reducing MMR by at least 20 per cent; (d) eradicating poliomyelitis, dracunculiasis, and iodine and Vitamin A deficiencies; (e) reducing the prevalence of permanent handicaps among children and women; (f) achieving universal school enrolment of boys and girls; and (g) promoting development opportunities for children and women as well as their effective participation in hygiene, health and the environment.

10. These goals will be pursued through the following strategies: (a) the provision of services, priority being given to the most disadvantaged; (b) advocacy, by support for the formulation, implementation and monitoring of social policies for the benefit of children and women; (c) the strengthening of national and local capacities by support for decentralization and urban initiatives (such as the initiative "Maires défenseurs des enfants"); (d) the empowerment of communities, particularly women, by the promotion of community participation in the selection and implementation of activities, and the promotion of changes in behaviour patterns; (e) the evaluation and application to other sectors of the lessons learned from the Bamako Initiative; and (f) the strengthening and validation of action-research approaches within pilot projects prior to their extension to the national level.

11. The programme of cooperation for the period 1999-2003 will be organized around three intersectoral programmes instead of the previous approach, which was considered too sectoral and fragmented.

12. The programme on the survival of children and women, in cooperation with all the partners, will support the attainment of governmental objectives, including: (a) the reduction of infant mortality attributable to diarrhoeal diseases, malaria, ARI and the target diseases of the expanded programme on immunization; and (b) the reduction of maternal mortality attributable to dystocia and post-partum haemorrhaging. Particular attention will be paid to the reinforcement of experience gained in the revitalization and participatory management of health facilities, the improvement of the quality of services, the placement and empowerment of water point committees in 7 (of 13) regions, the organization of specialized emergency obstetrical care hospitals (in 4 of 12), and the promotion of integrated health, nutrition, and hygiene and sanitation activities at the community level. The programme will also contribute to the improvement of the early detection, prevention and treatment of nutritional emergencies.

13. The programme on the development of children and women will help to: (a) improve school enrolment of girls and pre-school enrolment of young children, and (b) provide mothers with the knowledge and means to promote the harmonious development of their children. In particular, it will seek to: (a) improve the quality of primary education and promote the emergence of pre-school networks in a number of villages and outlying areas; (b) strengthen information, communication and education programmes, in particular by expanding regional radio networks and mobilization activities in nearby communities in cooperation with the Scouts and Guides of Mauritania; (c) strengthen the management and empowerment capacities of women and young people to promote access to microcredit and revenue-generating activities; (d) promote the dissemination of an experimental community management model based on the close monitoring of the school enrolment of young girls and the development of hygiene and health behaviour patterns for the school environment.

14. The programme on the protection of children and women will contribute to the creation of a legal and institutional environment which will promote the ratification of the Convention on the Elimination of All Forms of Discrimination against Women and the exercise of the rights of children and women including the disadvantaged and the vulnerable. It will support the establishment of regional

and local databases; improved access to appropriate services (information centres, re-education centres, etc.); and the development of plans of action within the framework of the initiative "Maires défenseurs des enfants".

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1999-2003*

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Survival of children and women	2 250	6 650	8 900
Development of children and women	1 600	4 000	5 600
Protection and participation of children and women	1 150	1 850	3 000
Total	5 000	12 500	17 500

* These are indicative figures only which are subject to change once aggregate financial data are finalized.

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COUNTRY NOTE**

Ecuador

SUMMARY

The Executive Director presents the country note for Ecuador for a programme of cooperation for the period 1999 to 2003.

THE SITUATION OF CHILDREN AND WOMEN

1. By 1999, Ecuador will have 12.5 million inhabitants: 41 per cent will be less than 18 years old; 35 per cent will be indigenous people and 6 per cent will be of African descent; and 63 per cent will live in cities. Fifty-five per cent of income is in the hands of 10 per cent of the population, which increases vulnerability and impoverishment (67 per cent are poor). Informal employment (48 per cent) has increased substantially over the past five years. The unemployment rate for the 20- to 29-year-old age-group is 9 per cent, compared to 5 per cent overall, and 16 per cent of children aged 12-14 years work. The social sector budget decreased from 41 per cent in 1980 to 25 per cent in 1996, affecting particularly the education and health sectors. Only five of the goals of the national plan of action (NPA) had been achieved by the middle of the decade: polio eradication; salt iodization; tuberculosis vaccination; and the reduction of first grade drop-out and repetition. Social information systems for adequate planning, monitoring and evaluation are lacking.

2. The right to special protection is a challenge despite new laws adapted to the Convention on the Rights of the Child. Children are commonly subject to harmful child labour, abandonment, maltreatment, sexual abuse, early pregnancy,

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* E/ICEF/1998/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session in 1998.

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drug dependence and juvenile violence. Special protection services are insufficient, often leading to restriction of the individual liberty of young people. There are problems of quality and efficiency of educational and health services, as well as inequities in access to them. The main problems in education are repetition of first grade, drop out and insufficient coverage in early and preschool education. The infant mortality rate is 49 per 1,000 live births, but 63 for the indigenous population. Every day, 40 children aged 1-4 years old die. The maternal mortality rate is 150 per 100,000 live births, but 390 for the Indian population. Initiation to sexual activity is relatively early, increasing the risk of sexually transmitted diseases. The rate of adolescent pregnancies (15-19 years old) has increased to 18 per cent.

3. The country has undergone a political crisis, which has affected democratic institutions and the capacity to govern. A temporary Constitutional Government has scheduled presidential elections for August 1998. Although the mid-term review (MTR) indicated weak grass-roots organization, the crisis has revealed the capacity of citizens to react and participate, which should be promoted and strengthened.

LESSONS LEARNED FROM PAST COOPERATION

4. Since 1988, UNICEF cooperation with the Government has promoted social policies that give priority to children and women. At first, cooperation centred on the survival of children. The current programme of cooperation was oriented towards achieving the goals of the World Summit for Children and awakening social conscience with regard to child rights.

5. The Andean subregional programme (Programa para la region Andina (PROANDES)) has shown that indigenous and Afro-Ecuadorian community organizations are no longer passive beneficiaries of basic services, and have started to demand and manage these services. At the same time, a successful urban model for service delivery has strengthened public institutions and has led municipalities to adopt national social policies in favour of children, facilitate inter-institutional coordination and promote child and community participation. The Special Adjustment Facility for Latin America and the Caribbean provided resources for developing local information systems that influenced local and national decisions on social policy.

6. Ecuador's political situation has placed citizenship and peaceful democracy on the public agenda. Continuous advocacy with political parties has shown society's openness to children's problems, as well as the will to solve them.

7. The internal reform process of UNICEF, through the Management Excellence Programme (MEP), and the conclusions of the MTR established the managerial and programmatic bases for the new strategy focusing on intersectoral action and a new dimension of team management.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The Government's 1997 Social Charter proposes to reduce poverty through national social policies and programmes for health, basic sanitation, education, integrated care for children, employment generation, housing, and urban and rural development. It proposes to increase the number of beneficiaries with access to water and basic sanitation services, and also to increase the number of children who complete the fourth grade.

9. The objectives of UNICEF cooperation in support of the Social Charter are to: (a) ensure broad consensus in public policy formulation based on the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women, with strategies tested at the local level; (b) strengthen communities so that they can support and apply national policies at the municipal level; (c) establish, in selected municipalities, systems for the integrated protection of all children that combine actions in health, education and environment, focusing on the most needy; (d) increase and redirect resources to overcome ethnic, gender and geographical inequities and thus fulfil the commitments of the NPA; and (e) promote social and community participation as well as citizenship education within the framework of enhancing participation to advance children's and women's rights.

10. The proposed strategy builds on prior programmes. Social policies, which previously focused on child survival and the commitments of the World Summit for Children, will now be guided by the two Conventions. Local-level action to mitigate the effects of poverty will be transformed progressively into (a) a system for the integrated protection of children within a legal regulatory framework; (b) coordinated institutional networks that provide services with community participation; and (c) guaranteed and increasing resources. Information and communication actions will focus on education for citizenship in order to empower people to exercise their rights and responsibilities.

11. The programme will operate at the national level to formulate public policies for the social sectors. At the local level, it will aim to build capacity within communities, especially among women, to exercise their rights. It will also strengthen the capacity of municipalities and non-governmental organizations (NGOs) to fulfil programme goals and objectives. The programme will serve 200,000 families and 800,000 children and adolescents, 60 per cent of whom are indigenous and of African descent, located in 15 of the country's poorest municipalities. Three intersectoral programmes are proposed in order to achieve the programme objectives.

12. The programme on social policies and the child rights approach will support the formulation of national social policies. It will create the basis for the integrated protection system that aims to reduce inequalities in access to and quality of services. The main strategies will be advocacy and technical support for legal, institutional and procedural reforms at national and local levels in order to: (a) increase public investment and resource allocation to benefit children and women; (b) institutionalize public consultation as a mechanism for developing public policies both nationally and at the local level; (c) adopt a gender framework for public policies and in information systems; (d) formalize the system for the integrated protection of children; (e) establish national and local information systems; and (f) establish alliances between government institutions, NGOs and community organizations.

13. The programme of local systems for integrated child protection will strengthen local counterparts to apply effectively social policies aimed at reducing inequities and disparities. The programme aims to strengthen the capacity of women, community organizations, NGOs and municipalities to implement a system for a more holistic approach to protection measures for children and women. The strategy consists of: (a) organizing networks of quality basic services, with community participation, covering the entire population of selected areas; (b) providing technical cooperation and training for developing, jointly with municipalities, local information systems, increasing their capacity for social management, intersectoral coordination, and incorporating NGOs and communities in social planning; (c) providing technical cooperation and training for families, women and community organizations in local participatory processes; (d) collaborating with the association of municipalities to extend

the integrated protection system to other areas; (e) mobilizing resources to implement the system in other areas; and (f) evaluating and systematizing experiences in order to contribute to national policy formulation and consolidate the integrated protection system at the national level.

14. The programme for enhancing participation to advance children's and women's rights aims to empower families and communities to create an enabling environment that will support the national goals of constructing a democratic and peaceful society as a prerequisite for advancing children's and women's rights. The programme will promote education in citizenship and conscientious participation for effective application of the rights of children, adolescents and women. The principal strategies will be to: (a) design educational methods to solve disagreements and conflict and for education in moral values as a basis of citizenship; (b) influence family and community attitudes and practices, especially regarding the role of men in child care, and strengthen the demand for social services; (c) communicate widely to develop a culture of respect for the rights of children, adolescents and women; (d) promote a multi-cultural view of democracy, communication and education; and (e) advocate with decision makers to raise awareness and increase the sense of social responsibility with regard to the rights of children and women.

15. The country programme will be managed according to the principles of MEP and, given its intersectoral character, will be operated within UNICEF by management teams with shared responsibilities. The programme will be closely linked to the ongoing PROANDES and Amazon subregional programmes and provide continued support in the current geographical areas of cooperation as well as starting activities in some of the poorest municipalities of the Costa, Sierra and Oriente regions of the country. Alliances with mayors, NGOs and grass-roots organizations will be strengthened. Inter-agency coordination will continue to support actions in the health sector and programmes for sustainable development. United Nations agencies, through their ongoing efforts in preparing a Common Country Assessment, already have agreed to broad areas of support to national development priorities. Furthermore, they also have supported the Government in developing a national poverty map, which has helped in identifying geographical and population priorities for action. The proposed strategy is in accord with ongoing concerted efforts in developing a well-coordinated United Nations development assistance to Ecuador.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1999-2003 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Social policies and the child rights approach	1 500	1 500	3 000
Local systems for integrated child protection	2 500	12 000	14 500
Enhancing participation to advance children's and women's rights	1 000	1 000	2 000
Total	5 000	14 500	19 500

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.